

MDS Automation Office, Arizona Department of Health Services
Office number: 602-364-3115 Fax number: 602-364-4806

AZ STATE LTC MDS SYSTEM PASSWORD CHANGE REQUEST FORM

This is a request to change your LTC facility Arizona State Minimum Data Set (MDS) System Password. Upon receipt of this form, an Arizona MDS Automation Office representative will contact the facility to confirm this request. After confirmation, your Arizona MDS System Password will be deactivated and a new one assigned. NOTE: Please keep copies of this form for future use.

**** PLEASE PRINT****

Facility Name _____

Address _____

City/St/Zip _____

Phone _____ Fax _____

Facility MDS Coordinator _____

REASON FOR REQUEST FOR CHANGE IN AZ STATE PASSWORD (check all that apply)

☐ **Change in responsible MDS Transmission Person:**

☐ **Other Responsible person no longer works at the facility:**

New Persons Name, Title _____

☐ **Change of Facility Ownership:**

New Ownership Name _____

☐ **Change of Facility Name:**

New Facility Name _____

☐ **Change of Facility MDS Software Vendor:**

New Vendor Name _____

☐ **Other Reason for Request for Change (Specify):** _____

Authorized Facility Staff Person Requesting the MDS System Password Change:

Signature _____

Title _____